

FEC FORM 2

STATEMENT OF CANDIDACY

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| | | | | | |
|---|--|-------------------------------|--|--|--|
| 1. (a) Name of Candidate (in full) Amanda Catherine Eskelson | | | 2. FEC Candidate Identification Number | | |
| (b) Address (number and street) 21905 Woodbine St NW | | | <input type="checkbox"/> Check if address changed | | |
| (c) City, State, and ZIP Code Anoka, MN 55303-8989 | | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | | |
| 4. Party Affiliation Democratic | | 5. Office Sought President | | 6. State & District of Candidate MN District 06 | |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the _____ election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.


NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

| | |
|--|--------------------|
| Signature of Candidate  | Date 06/13/2023 |
|--|--------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

INSURANCE AND FINANCIAL SERVICES

Amanda Eskelson
21405 Woodbine St NW
Brook Park MN 55303-8989

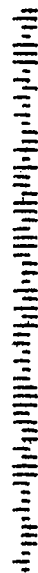
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Federal Election Commission
1050 First Street NE
Washington, DC 20463

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| Federal Election Commission | | |
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| ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS | | |
| The FEC added this page to the end of this filing to indicate how it was received. | | |
| <input type="checkbox"/> Hand Delivered | Date of Receipt | |
| <input checked="" type="checkbox"/> USPS First Class Mail | Date of Receipt 6/14/23 | |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) | |
| <input type="checkbox"/> USPS Priority Mail | Postmarked | |
| <input type="checkbox"/> USPS Priority Mail Express | Postmarked | |
| <input type="checkbox"/> Postmark Illegible | | |
| <input type="checkbox"/> No Postmark | | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date | Date of Receipt |
| | Next Business Day Delivery | <input type="checkbox"/> |
| <input type="checkbox"/> Received via FAX | Date of Receipt | |
| <input type="checkbox"/> Received via Email | Date of Receipt | |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt | |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked | |
|  PREPARER (4/2023) | 6/22/23 DATE PREPARED | |